

SIU Contacts Form

The Kentucky Revised Statutes and Regulations (KRS 304.47-080 and 806 KAR 47:010-030) require each insurer to maintain a unit to investigate insurance fraud and furnish the following information. This form should be returned by email to DOI.FraudMail@ky.gov or by mail to Insurance Fraud Investigation Division, Kentucky Department of Insurance, 500 Mero St., 2 SE 11, P.O. Box 4050, Frankfort, KY 40604-4050 or by fax to (502) 564-1464. Should you have any questions, feel free to contact our office at (502) 564-1461.

1a. Name of Company _____

1b. NAIC Number _____

2a. Primary Person Responsible for Special Investigative Unit
(Head of Investigative Unit-**Mandatory**)

Name _____ Title _____

Address _____

Telephone with Area Code _____ FAX with Area Code _____

EmailAddress _____

The names, addresses, telephone number, and FAX number of **at least two** but **no more than four** primary contact persons who shall communicate with the Insurance Fraud Investigation Division on matters relating to the reporting, investigation, and prosecution of suspected fraudulent acts (SIU contacts).

(1) Primary Contact (**Mandatory**) _____ Title _____

Address _____

Telephone with Area Code _____ FAX with Area Code _____

EmailAddress _____

(2) Primary Contact (**Mandatory**) _____ Title _____

Address _____

Telephone with Area Code _____ FAX with Area Code _____

EmailAddress _____

(3) Primary Contact _____ Title _____

Address _____

Telephone with Area Code _____ FAX with Area Code _____

EmailAddress _____

(4) Primary Contact _____ Title _____
Address _____
Telephone with Area Code _____ FAX with Area Code _____
EmailAddress _____

2b. Have the designated contacts changed since the last report? Yes ☐ No

3. Each insurer is required to file a written report (fraud plan) in conformity with 806 KAR 47:030. Has your company filed a current written report? ☐ Yes ☐ No
If no, a written report is to be filed with this form.

4. Each insurer is mandated to report suspect fraudulent activity (KRS 304.47-050 and 806 KAR 47:020).

Printed Name

Title

Signature (Print and sign)

Date

Pursuant to 806 KAR 47:010-030:

- 1. Every insurer shall designate at least two (2) primary contact persons but not more than four (4) primary contact persons who shall communicate with the Division of Insurance Fraud Investigation on matters relating to the reporting, investigation, and prosecution of suspected fraudulent insurance acts as defined in KRS 304.47-020.***
- 2. Every insurer shall notify the Division of Insurance Fraud Investigation in writing of the names, addresses, and telephone numbers of the insurer's primary contact persons and the primary person responsible for the insurer's investigative unit.***